

A tripartite challenge of orphaned manuscripts, heedless writing and reluctant reviewing..... revamping the editing process!

Submitted: 07-Nov-2021

Revised: 08-Nov-2021

Accepted: 08-Nov-2021

Published: 23-Nov-2021

Lalit Mehdiratta, Sukhminder Jit Singh Bajwa¹, Madhuri S. Kurd²

Department of Anaesthesiology, Critical Care and Emergency Medicine, Narmada Trauma Centre, Bhopal, Madhya Pradesh, ¹Department of Anaesthesiology and Intensive Care, Gian Sagar Medical College and Hospital, Banur, Patiala, Punjab, ²Department of Anaesthesiology, Karnataka Institute of Medical Sciences (KIMS), Hubli, Karnataka, India

Access this article online
Website: www.ijaweb.org
DOI: 10.4103/ija.ija_979_21
Quick response code


Address for correspondence: Dr. Sukhminder Jit Singh Bajwa,
Department of Anaesthesiology and Intensive Care, Gian Sagar Medical College and Hospital, Banur, Patiala, Punjab, India.
E-mail: sukhminder_bajwa2001@yahoo.com

Taking a closer glance at the progressively increasing research publications in anaesthesiology from our nation during the last one decade in general and the last 2 years in particular, one may wonder whether it is a factual academic progress with rekindled and rejuvenated interest or just a sheer publication pressure imposed indirectly by the medical education regulatory authorities!^[1,2]

Specifically pertaining to anaesthesiology and particularly to the *Indian Journal of Anaesthesia (IJA)*, the ever-increasing trend of manuscripts submission from Indian authors probably points to either increased interest or publication pressures possibly. Systematic reviews, meta-analysis and randomised controlled trials occupy the highest position in evidence-based medicine, but in spite of this academic awareness, authors are nowadays resorting to quick research recipes like retrospective studies and online surveys.^[3] The small number of meta-analyses^[4-6] and large number of surveys^[7-11] and retrospective studies^[12-26] published in the *IJA* in the last few years are an evidence to this. The commonly known inverse ratio of quantity to quality has also been equally observed at *IJA* with this enhanced submission process. In addition, the coronavirus disease (COVID)-19 pandemic has further contributed to these publication activities as more than 16% of the COVID-related

articles were submitted in the last 18 months.^[27,28] Along with such an escalated number of submissions, the scale of laid-back approach in preparing these manuscripts has also gone up proportionately.

In addition to the submission of hastily written articles based on weak to poor evidence, blatant disregard to the journal's instructions during the compilation of the manuscripts by few authors was the most disheartening aspect. It is generally observed that authors do not read the submission guidelines painstakingly which indirectly reflects either their ignorance and unawareness or they consider it to be a time-consuming process. Many a times, postgraduate dissertation material is lifted verbatim and submitted as a manuscript. The synopsis for thesis is written in the future tense and few authors do not even take the trouble of changing this to the past tense in the methods section when submitting the dissertation in manuscript form for publication. The rules of the journal for maximum number of permissible authors/words/tables/figures, use of correct headings, expanded forms of abbreviations, format of the manuscript including word and line spacing, font type and size, units of measurement and column headings for tables and figures are many a times not adhered to. Ill-formed tables and figures are frequently seen in the midst of text. Grammatical errors, use of non-Medical Subject Headings (MeSH) key-words,

references cited incorrectly with least regard to the correct use of punctuation marks, incorrect style of referencing, and missing/long running titles, sometimes longer than the main title are commonly encountered. The accountability of such casual submissions and technical omissions should be equally shared by all the authors who have helped in compiling that manuscript. Such author conduct severely diminishes the quality of the manuscript, invites higher chances of rejection and directly impacts the journal's ranking and standing if such an article gets published. The repetitive submission of the manuscript without strictly adhering to journal author instructions is a serious cause of concern and unnecessarily increases the burden on the editorial board besides wasting their valuable time and energy. It also damages the mutual respect and trust between the authors and the editorial board.

After these barriers are crossed, the next challenge to the editors comes from the incomplete statistical details and inappropriate application of statistical tests in their respective manuscripts. It also reveals the disinclination on the part of the submitting team as they do not give adequate significance to statistical methods, thereby reducing the credibility of the study and subsequent chances of possible publication. The irredeemable flaws in the methodology further enhance the chances of rejection of the manuscript and that too in the early stages.^[29]

It has also been observed that only 30%–35% of the original manuscripts are written as per Consolidated Standards of Reporting Trials (CONSORT)/Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines which clearly depicts the lack of research methodology knowledge among the authors.

The rejection and retraction of the manuscript based on plagiarism, author misconduct, copyright infringement, salami and duplicate publication is a big menace for the editorial board and dampens the spirit of editors and reviewers. It not only reflects the intent of the authors but is generally an indirect reflection of the moral standards being followed by them. The inability and indisposition of the senior co-authors to warn them appropriately also adds to the woes of all stakeholders of the journal. Further, submission of an article to two journals at the same time or within a short span of time without getting a rejection or withdrawal response from one, equally contributes to the worsening of mutual trust between

the authors and editors. This haste is either voluntary or out of sheer sinful ignorance on the part of authors. The biggest dilemma for the editor occurs when the authors request for withdrawal of the manuscript giving fragile excuses during the final stages of editing of the manuscript, and that too after the manuscript has gone through the rigorous peer-review process. All the hard work, precious time and energy of editors and reviewers spent up into that article go to dust. Majority of these incidents are commonly observed when the manuscript gets accepted in some other journal simultaneously.

It is the belief of every author that his or her manuscript is presented in the best manner and should be accepted at the earliest. However, just as the saying goes that “no one is perfect”; similarly all the articles submitted to the journal, however good they may be, require some degree of reviewing and editing, so as to bring them to a level which the journal has earmarked for its qualitative functioning. In fact, every article has to undergo a lot of scrutiny during peer review, and rigorous scientific grinding and various limitations, errors and other shortcomings of the manuscript are detected at this stage which the authors need to rectify on a point-to-point basis. The double-blind peer review process helps in extracting and highlighting the core strength areas of the article besides rectifying the weak areas and is agreed upon to be the best method of enhancing the scientific value of the manuscript.^[30,31]

When sent for revision, interpretation of reviewer and editor comments should be seen in a healthy manner by the concerned authors. Whatever critical, blunt or negative comments are given by the reviewers, those should not be taken personally by the authors as the entire exercise is meant to improve the quality of the research article. Rude answers to editor and reviewer comments are demotivating to the entire editorial and reviewers' team. However, it is the intention of every editor that the language of the reviewers' comments should be softened so that authors get encouraged to rectify the errors at the earliest. It has been observed that authors do not respond back to technical modification comments and peer review comments in time, in spite of repeated reminder mails. Many manuscripts lie dormant in technical modification and revision phases for a long time. This again increases the burden and load on the manuscript management system and results in delay in editorial decisions and the publication/rejection of the research.

The editor's hard work is not finished till the article is finally published. In the next stage after acceptance, proofreading is the most difficult task. Proofreading is done first by the author and corrections are made by the production team till the author is completely satisfied. In spite of this, it is a common observation that the authors do not read their own manuscripts carefully. Mistakes galore in symbols, expanded forms, language, spellings and sentence formation. Such manuscripts are pitiable and appear orphaned from their parents viz. the authors. Manuscripts are the creation of the authors and such manuscripts only reflect the lack of zeal and sense of responsibility by the authors who have produced them. Such manuscripts finally reach the editorial proofreading stage. Editors are the guardians of the journal, and at this stage, their work assumes a huge significance as even the minute technical and linguistic errors have to be finally rectified before the article is sent for publishing. Any laid-back approach or errors by the authors and sometimes by the production editor and reviewers can build up a mountain of a task for the editor-in-chief at this stage. Each page for editorial proofreading is often full of errors needing corrections. This reflects poorly on the authors, reviewers, handling editors and production editors and contributes to delays in the journal issue publication.

The quality of the manuscript, its scientific content, efforts put in by the authors, reviewers and editors in improving every aspect of the article are the important attributes that increase the impact on readers and improve the ranking of the journal.

Unfortunately, it has also been observed that authors whose articles are frequently published in the journal, do not want to do the peer review work for the journal. Apart from that, few reviewers often superficially go through the articles sent for peer review at the last moment after a lot of reminding and re-reminding and submit diplomatic reviews which are of no help to the journal or of any use to the editors in arriving at a decision on the manuscript. There is another tribe of reviewers who religiously send in their review comments in time, but which unfortunately include just three words like 'can be accepted' or 'can be rejected'. Such reviews lower the academic standards of the journal and these reviewers deserve no applaud. Reviewers declining review work citing inconsequential reasons is a common occurrence. Many a times, reviewers decline review invitations after several reminders. This is really demoralising

and unnecessarily increases the manuscript submission-decision/publication time. Nevertheless, editors and reviewers are unpaid and honorary angels who spend their valuable time for the manuscripts and the journal. The online process of manuscript submission, resubmission, peer reviewing, revisions and re-revisions is an ongoing, silent teaching-learning process that occurs between the editors, reviewers and authors. Hence, even if the manuscript gets rejected, the cycle will have been a learning process for the authors and as goes the old saying, 'Failures are the pillars to success'. Medical writing is an art that has to be slowly mastered and each publication helps the author to learn this art. An unfruitful submission can be the stepping stone towards future successful publications. Authors need to become mature enough to understand this and accept adverse editorial decisions gracefully. Nonetheless, a new trend of authors resorting to getting manuscripts written by commercial manuscript writing services on the basis of fake data is now coming to light; such practices are strongly condemned at the *IJA* and it is expected that authors should write the manuscripts themselves to strengthen their bonds with their research and the resultant manuscript. In the present era of evidence-based medicine, registration of research studies in the Clinical Trials Registry-India (CTRI) assumes a lot of significance. Besides ensuring the transparency of the study, the scientific value of the article grows immensely. CTRI also enhances integrity and speaks volumes for data collection and reporting at regular intervals. Authors' ignorance regarding CTRI registration of studies becomes obvious when they give replies like 'CTRI registration was not done because it was not applicable'. The National Medical Commission has now made training in biomedical research mandatory for all teachers. Nowadays, there are quite a number of teaching-learning sessions on basics of research methodology online, in conferences and in continuing medical education programmes. These efforts are likely to bear fruit in the coming years with the designing and conduct of good quality research; nonetheless, even if the research is conducted well, its conversion to publication format has to be done meticulously and all the technicalities of the publication have to be looked into. If this last step is neglected, authors have to face the wrath of annoyed editors and disheartening rejections and the study fails to see the light of the day in a good journal. The situation is akin to a chef preparing the most delectable delicacy but lacking a proper plate to

serve it on. The editorial team of the *IJA* is committed to publishing good quality, high impact research in time; nevertheless, the editorials and the many interesting articles published even during the peak of the COVID-19 pandemic provide a staggering amount of evidence to this.^[28,32] The regular monthly issues and zonal supplements reiterate the commitment, hard work and dedication of the entire editorial team; however, there are several stumbling blocks involving authors and reviewers and these have to be expunged; nonetheless, the authors, reviewers and editors are like a family and in Indian families, the members share a kinship bond that is maintained and sustained in the toughest of circumstances.

Let us then, continue to work hard for the *IJA*, maintain its integrity, improve the citations of the articles and impact factor and uplift its prestige in the academic world with renewed zeal and vigour. As said by Lord Krishna in the Bhagavad Gita, one must do one's duties well as prescribed, without control over the fruits; however, as the old quote goes, 'For the tree of success to grow, one needs to plant the seeds of hard work first.'

REFERENCES

- Dhulkhed VK, Kurdi MS, Dhulkhed PV, Ramaswamy AH. Faculty promotions in medical institutions in India: Can we improve the criteria? *Indian J Anaesth* 2016;60:796-800.
- Bhaskar SB. The mandatory regulations from the Medical Council of India: Facts, opinions and prejudices. *Indian J Anaesth* 2016;60:793-5.
- Bajwa SJS, Theerth KA, Gupta A. The increasing trend of observational studies in clinical research: Have we forgotten and started defying the hierarchy? *Indian J Anaesth* 2021;65:186-90.
- Singh NP, Makkar JK, Wourms V, Zorrilla-Vaca A, Cappellani RB, Singh PM. Role of topical magnesium in post-operative sore throat: A systematic review and meta-analysis of randomised controlled trials. *Indian J Anaesth* 2019;63:520-9.
- Tantry TP, Karanth H, Koteswar R, Shetty PK, Adappa KK, Shenoy SP, et al. Adverse heart rate responses during beach-chair position for shoulder surgeries - A systematic review and meta-analysis of their incidence, interpretations and associations. *Indian J Anaesth* 2020;64:653-67.
- Bajwa SJ, Kurdi MS, Sutagatti JG, Bajwa SK, Theerth KA. Point-of-care ultrasound (POCUS) for the assessment of volume status and fluid management in patients with severe pre-eclampsia: A systematic review and meta-analysis. *Indian J Anaesth* 2021;65:716-30.
- Truong HT, Chan JJ, Leong WL, Sultana R, Koh DL, Sng BL. Interest and experience of anaesthesiology residents in doing research during residency training. *Indian J Anaesth* 2019;63:42-8.
- Panjiar P, Kochhar A, Vajifdar H, Bhat K. A prospective survey on knowledge, attitude and current practices of pre-operative fasting amongst anaesthesiologists: A nationwide survey. *Indian J Anaesth* 2019;63:350-5.
- Solanki SL, Karan N, Parab SY. Obstructive sleep apnoea and its knowledge and attitude among Indian anaesthesiologists - A survey study. *Indian J Anaesth* 2019;63:648-52.
- Yadav S, Vyas V, Hazari S, Gehdoo RP, Patil S. Awareness of safety protocols for prevention of needle stick injuries in anaesthesiologists from Maharashtra: A survey study. *Indian J Anaesth* 2020;64:306-9.
- Haldar R, Kannaujia AK, Shamim R, Dongare P, Mondal H, Agarwal A. A national survey evaluating the effect of COVID-19 pandemic on the teaching and training of anaesthesiology postgraduate students in India. *Indian J Anaesth* 2020;64:227-34.
- Subha R, Cherian K, Nair A, Koshy RC, Krishna J. Cancer relapse in surgical patients who received perioperative transfusion of blood and blood products: A case-control study. *Indian J Anaesth* 2019;63:31-5.
- Pal AR, Mitra S, Aich S, Goswami J. Existing practice of perioperative management of colorectal surgeries in a regional cancer institute and compliance with ERAS guidelines. *Indian J Anaesth* 2019;63:26-30.
- Hashir A, Singh SA, Krishnan G, Subramanian R, Gupta S. Correlation of early ROTEM parameters with conventional coagulation tests in patients with chronic liver disease undergoing liver transplant. *Indian J Anaesth* 2019;63:21-5.
- Singh SA, Prakash K, Sharma S, Anil A, Pamecha V, Kumar G, et al. Predicting packed red blood cell transfusion in living donor liver transplantation: A retrospective analysis. *Indian J Anaesth* 2019;63:11925.
- Sinha R, Kumar KR, Kalaiyaran RK, Khanna P, Ray BR, Pandey RK, et al. Evaluation of performance of C-MAC® video laryngoscope Miller blade size zero for endotracheal intubation in preterm and ex-preterm infants: A retrospective analysis. *Indian J Anaesth* 2019;63:284-8.
- Kar P, Sudheshna KD, Padmaja D, Pathy A, Gopinath R. Chronic pain following thoracotomy for lung surgeries: It's risk factors, prevalence, and impact on quality of life-A retrospective study. *Indian J Anaesth* 2019;63:368-74.
- Palaniswamy SR, Jain V, Chakrabarti D, Bharadwaj S, Sriganesh K. Completeness of manual data recording in the anaesthesia information management system: A retrospective audit of 1000 neurosurgical cases. *Indian J Anaesth* 2019;63:797-804.
- Udhayachandhar R, Otokwala J, Korula PJ, Rymbai M, Chandy TT, Joseph P. Perioperative factors impacting intensive care outcomes following Whipple procedure: A retrospective study. *Indian J Anaesth* 2020;64:216-21.
- Malawat A, Jethava D, Sachdev S, Jethava DD. Erector spinae plane block for breast oncological procedure as a surrogate to general anaesthesia: A retrospective study. *Indian J Anaesth* 2020;64:328-33.
- Li J, Ye H, Shen W, Chen Q, Lin Y, Gan X. Retrospective analysis of risk factors of postoperative nausea and vomiting in patients undergoing ambulatory strabismus surgery via general anaesthesia. *Indian J Anaesth* 2020;64:375-82.
- Lionel KR, Moorthy RK, Singh G, Mariappan R. Anaesthetic management of craniostomosis repair - A retrospective study. *Indian J Anaesth* 2020;64:422-5.
- Mishra RK, Pandia MP, Kumar S, Singh GP, Kalaivani M. The effect of anaesthetic exposure in presurgical period on delayed cerebral ischaemia and neurological outcome in patients with aneurysmal subarachnoid haemorrhage undergoing clipping of aneurysm: A retrospective analysis. *Indian J Anaesth* 2020;64:495-500.
- Magar JS, Rustagi PS, Malde AD. Retrospective analysis of patients with severe maternal morbidity receiving anaesthesia services using 'WHO near miss approach' and the applicability of maternal severity score as a predictor of maternal outcome. *Indian J Anaesth* 2020;64:585-93.
- Rao Kadam V, Loo V, Edwards S, Hewett P. Incidence of acute kidney injury during the perioperative period in the colorectal division of surgery - Retrospective study. *Indian J Anaesth* 2020;64:894-7.

26. Balakrishnan K, Srinivasaraghavan N, Venketeswaran MV, Ramasamy T, Seshadri RA, Raj EH. Perioperative factors predicting delayed enteral resumption and hospital length of stay in cytoreductive surgery with hyperthermic intraperitoneal chemotherapy: Retrospective cohort analysis from a single centre in India. *Indian J Anaesth* 2020;64:1025-31.
27. Bajwa SJ, Mehdiratta L. Research and COVID-19: Losing momentum every now and then. *Indian J Anaesth* 2021;65:508-11.
28. Mehdiratta L, Bajwa SJS, Kurdi MS, Bhattacharya PK. Research in COVID times-innovations, revolutions and contentions. *Indian J Anaesth* 2021;65:277-81.
29. Dhulkhed VK, Tantry TP, Kurdi MS. Minimising statistical errors in the research domain: Time to work harder and dig deeper! *Indian J Anaesth* 2021;65:567-71.
30. Bhaskar SB, Bajwa SJ. Innovative studies, eloquent peer reviewing and cultured editing: Academic desires and tangible dreams of an editor. *Indian J Anaesth* 2015;59:627-9.
31. Kurdi MS. 'Scholarly peer reviewing': The art, its joys and woes. *Indian J Anaesth* 2015;59:465-70.
32. Bajwa SJS. Editing from the dungeons of the pandemic; an editor's agonisingly painful battle with COVID-19. *Indian J Anaesth* 2020;64:831-4.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

How to cite this article: Mehdiratta L, Bajwa SJS, Kurdi MS. A tripartite challenge of orphaned manuscripts, heedless writing and reluctant reviewing..... revamping the editing process! *Indian J Anaesth* 2021;65:777-81.

Announcement

Old Issues of IJA

Limited copies of old issues of IJA from 2013 are available in IJA office. Members interested can contact Immediate Past Editor In Chief (editorija@yahoo.in/ijadivatia@gmail.com / 98690 77435)